

ADVICE TO APPLICANT

PLEASE READ CAREFULLY. FEE WILL NOT BE RETURNED.

I. Aliens Eligible for Cancellation of Removal: You may be eligible to have your removal canceled under section 240A(b) of the Immigration and Nationality Act (INA). To qualify for this benefit, you must establish in a hearing before an Immigration Judge that:

- A.
1. Prior to the service of the Notice to Appear, you have maintained continuous physical presence in the United States for 10 years or more, and you have been a person of good moral character as defined in section 101(f) of the INA during such period;
 2. You have not been convicted of an offense covered under sections 212(a)(2), 237(a)(2), or 237(a)(3) of the INA; and
 3. Your removal would result in exceptional and extremely unusual hardship to your United States citizen or lawful permanent resident spouse, parent, or child, and you are deserving of a favorable exercise of discretion on your application.

OR

- B.
1. You have been battered or subjected to extreme cruelty in the United States by your United States citizen or lawful permanent resident spouse or parent, or you are the parent of a child of a United States citizen or lawful permanent resident and the child has been battered or subjected to extreme cruelty in the United States by such citizen or lawful permanent resident parent;
 2. Prior to the service of the Notice to Appear, you have maintained continuous physical presence in the United States for 3 years or more and you have been a person of good moral character as defined in section 101(f) of the INA during such period;
 3. You are not inadmissible under sections 212(a)(2) or 212(a)(3) of the INA, you are not deportable under section 237(a)(1)(G) or sections 237(a)(2)-(4) of the INA, and you have not been convicted of an aggravated felony as defined under the INA;
 4.
 - a. Your removal would result in extreme hardship to you or your child who is the child of a United States citizen or lawful permanent resident; or
 - b. You are a child whose removal would result in extreme hardship to you or your parent; and
 5. You are deserving of a favorable exercise of discretion on your application.

NOTE: If you have served on active duty in the Armed Forces of the United States for at least 24 months, you do not have to meet the requirements of continuous physical presence in the United States. You must, however, have been in the United States when you entered the Armed Forces. If you are no longer in the Armed Forces, you must have been separated under honorable conditions.

II. Aliens NOT Eligible for Cancellation of Removal: You are not eligible for cancellation of removal under section 240A(b)(1) of the INA if you:

- A. Entered the United States as a crewman after June 30, 1964;

- B. Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA in order to receive graduate medical education or training, regardless of whether you are subject to or have fulfilled the 2 year foreign residence requirement of section 212(e) of the INA;
- C. Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA, other than to receive graduate medical education or training, and are subject to the 2 year foreign residence requirement of section 212(e) of the INA, but have neither fulfilled nor obtained a waiver of that requirement;
- D. Are an alien who is either inadmissible under section 212(a)(3) of the INA or deportable under section 237(a)(4) of the INA;
- E. Are an alien who ordered, incited, assisted, or otherwise participated in the persecution of an individual because of the individual's race, religion, nationality, membership in a particular social group, or political opinion; or
- F. Are an alien who was previously granted relief under section 212(c) of the INA, or section 244(a) of the INA as such sections were in effect prior to the enactment of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, or whose removal has previously been canceled under section 240A of the INA.

III. How to Apply for Cancellation of Removal

In order to apply for cancellation of removal, you must answer all the questions on the attached Form EOIR-42B fully and accurately. You must pay the filing fee, serve a copy of your application on the Immigration and Naturalization Service, and file your application with the appropriate Immigration Court. Please read the instruction sheet carefully before completing your application.

INSTRUCTIONS

1. PREPARATION OF APPLICATION.

To apply for cancellation of removal under section 240A(b) of the Immigration and Nationality Act (INA), you must fully and accurately answer all questions on the attached Form EOIR-42B. A separate application must be prepared and executed for each person applying for cancellation of removal. An application on behalf of an alien who is mentally incompetent or is a child under 14 years of age shall be executed by a parent or guardian.

Your responses must be typed or printed legibly in ink. Do not leave any questions unanswered or blank. If any questions do not apply to you, write "none" or "not applicable" in the appropriate space.

To the extent possible, answer all questions directly on the form. If there is insufficient room to fully respond to a question, please continue your response on an additional sheet of paper. Please indicate the number of the question being answered next to your response on the additional sheet and sign, date, and securely attach the additional sheet to the Form EOIR-42B.

2. BURDEN OF PROOF.

The burden of proof is on you to prove that you meet all of the statutory requirements for cancellation of removal for certain nonpermanent resident aliens under section 240A(b) of the INA and that you are entitled to such relief as a matter of discretion. To meet this burden, your responses to the questions on the application should be as detailed and complete as possible. You should also attach to your application any documents that demonstrate your eligibility for cancellation of removal (see "SUPPORTING DOCUMENTS" below).

3. SUPPORTING DOCUMENTS.

You should submit documentary evidence to show that you have maintained continuous physical presence in the United States for the required period. Documents which may evidence your physical presence in the United States include, but are not limited to, bankbooks, leases, deeds, licenses, receipts, letters, birth records, church records, school records, employment records, and evidence of tax payments.

You should submit documents which help to show that you are, and have been, a person of good moral character during the entire period of continuous physical presence in the United States required for eligibility for cancellation of removal. You should submit police records from each jurisdiction in which you resided during such period. To show good moral character, it is recommended that you submit the affidavits of witnesses attesting to your good moral character, preferably citizens of the United States, and if you are employed, your employer. The affidavit from your employer should include information regarding the nature and duration of your employment and your earnings.

You should submit official certification to establish your relationship to those you claim would suffer hardship by your removal, and if such persons are citizens of the United States or lawful permanent residents, evidence of their citizenship or lawful permanent resident status. Documentary evidence of such relationships may include, but are not limited to, birth records, marriage certificates, proof of divorce or termination of marriage, and death certificates.

You should also submit with your application copies of any documents which you were issued by the Immigration and Naturalization Service. The Immigration Judge may require you to submit additional records relating to your request for cancellation of removal. These documents may include, but are not limited to, documents which reflect payment of taxes, court convictions, and payment of child support during your physical presence in the United States.

The original of all supporting documents must be available for inspection at the hearing. If you wish to have the original documents returned to you, you should also present reproductions.

4. REQUIRED DOCUMENTS.

Each applicant 14 years of age or older must also complete a Biographic Information Form G-325A and a Fingerprint Card, FD-258. You will be given instructions on how to complete this requirement. You will be notified in writing of the time and locations of the Application Support Center or the designated Law Enforcement Agency where you must go to be fingerprinted. It is important to furnish all the information on the fingerprint card.

5. TRANSLATIONS.

Any document in a foreign language must be accompanied by an English language translation and a certificate signed by the translator stating that he/she is competent to translate the document and that the translation is true and accurate to the best of the translator's abilities. Such certification must be printed legibly or typed.

6. PHOTOGRAPHS.

Unless you are incarcerated or detained in a facility which prevents your compliance with this instruction you must submit two glossy, unretouched, color photographs of yourself taken within 30 days of the date of this application. These photos must have a white background and must not be mounted. The dimension of your facial image in the photograph should be about 1 inch from the chin to the top of hair and you should be shown in 3/4 frontal view showing the right side of your face with your right ear visible. Using a pencil or felt pen, you should lightly print your name and alien registration number on the back of each photograph.

7. FEES.

Before you file your Form EOIR-42B with the Immigration Court, you must pay the required \$100 fee to the Immigration and Naturalization Service. Evidence of payment of this fee in the form of a fee stamp or a receipt must accompany your Form EOIR-42B. This fee will not be refunded, regardless of the action taken on your application. Therefore, it is important that you read the advice, instructions, and application carefully before responding. **If you are unable to pay the fee, you may ask the Immigration Judge to permit you to file your Form EOIR-42B without fee (fee waiver).**

DO NOT SEND CASH. All fees must be submitted in the exact amount. Remittance may be made by personal check, cashier's check, certified bank check, bank international money order, or foreign draft drawn on a financial institution in the United States and payable to the "Immigration and Naturalization Service" in United States currency. If the applicant resides in the Virgin Islands, the check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If the applicant resides in Guam, the check or money order must be made payable to the "Treasurer, Guam." Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. When the check is drawn on an account of a person other than the applicant, the name and alien registration number of the applicant must be entered on the face of the check. All checks must be drawn on a bank located in the United States.

8. SERVING & FILING YOUR APPLICATION.

You must serve the following documents on the INS District Counsel:

- a copy of your Form EOIR-42B, Application for Cancellation of Removal, with all supporting documents and additional sheets;
- evidence of payment of the filing fee or a request for a waiver of the fee by an Immigration Judge;
- the original Biographical Information Form G-325A;
- the original Fingerprint Card, FD-258; and
- a photograph of you which meets the requirements of instruction #6 above.

You must file the following documents with the appropriate Immigration Court:

- the original Form EOIR-42B with all supporting documents and additional sheets;
- evidence of payment of the filing fee or a request for a waiver of the fee by an Immigration Judge;
- a copy of Biographical Information Form G-325A;
- a copy of Fingerprint Card, FD-258;
- a photograph of you which meets the requirements of instruction #6 above; and
- a certificate showing service of these documents on the INS District Counsel, unless service is made on the record at the hearing.

9. PENALTIES.

You must answer all questions on Form EOIR-42B truthfully and submit only genuine documents in support of your application. **You will be required to swear or affirm that the contents of your application and the supporting documents are true to the best of your knowledge.** Your answer to the questions on this form and the supporting documents you present will be used to determine whether your removal should be canceled and whether you should be permitted to adjust your status. Any answer you give and any supporting document you present may also be used as evidence in any proceeding to determine your right to be admitted or readmitted, re-enter, pass through, or reside in the United States. Your application may be denied if any of your answers or supporting documents are found to be false.

Presenting false answers or false documents may also subject you to criminal prosecution under 18 U.S.C. section 1546 and/or subject you to civil penalties under 8 U.S.C. section 1324c if you submit your application knowing that the application, or any supporting document, contains any false statement with respect to a material fact, or if you swear or affirm that the contents of your application and the supporting documents are true, knowing that the application or any supporting documents contain any false statement with respect to a material fact. If convicted, you could be fined up to \$250,000, imprisoned for up to five (5) years, or both. 18 U.S.C. sections 1546(a), 3559(a)(4), 357(b)(3). If it is determined you have violated the prohibition against document fraud and a final order is entered against you, you could be subject to a civil penalty up to \$2,000 for each document used or created for the first offense, and up to \$5,000 for any second, or subsequent offense. In addition, if you are the subject of a final order for violating 8 U.S.C. section 1324c, relating to civil penalties for document fraud, you will be removable from the United States.

10. PAPERWORK REDUCTION ACT.

We try to create forms and instructions that are accurate, can easily be understood, and which impose the least possible burden on you to provide us with information. Often, this process is difficult because some immigration laws are very complex. The reporting burden for this collection of information is computed as follows: (1) learning about the form, 45 minutes, (2) completing the form, 2 hours, and (3) assembling and filing the form, 3 hours, for an average of 5 hours, 45 minutes per application. If you have comments regarding the accuracy of this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, you may write to the U.S. Department of Justice, Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

11. REPORTING BURDEN.

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Application for Cancellation of Removal and
Adjustment of Status for Certain Nonpermanent Residents

PLEASE READ ADVICE AND INSTRUCTIONS
BEFORE FILLING IN FORM

PLEASE TYPE OR PRINT

Fee Stamp

PART 1 - INFORMATION ABOUT YOURSELF

1) My present true name is: <i>(Last, First, Middle)</i>		2) Alien Registration Number:		
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(City, Country)</i>		
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7) Height:	8) Hair Color:	9) Eye Color:
10) Current Nationality & Citizenship:	11) Social Security Number:	12) Home Phone Number: ()	13) Work Phone Number: ()	
14) I currently reside at: <i>Apt. number and/or in care of</i> <i>Number and Street</i> <i>City or Town</i> <i>State</i> <i>ZIP Code</i>		15) I have been known by these additional name(s): 		

16) I have resided in the following locations in the United States: (List PRESENT ADDRESS FIRST, and work back in time for at least 10 years).

Street and Number - Apt. or Room # - City or Town - State - ZIP Code	Resided From: (Month, Day, Year)	Resided To: (Month, Day, Year)
		PRESENT

PART 2 - INFORMATION ABOUT THIS APPLICATION

17) I, the undersigned, hereby request that my removal be canceled under the provisions of section 240A(b) of the Immigration and Nationality Act (INA). I believe that I am eligible for cancellation of removal because: (check all that apply)

- ☐ My removal would result in exceptional and extremely unusual hardship to my: *(Place a USC in the space if the family member is a citizen of the United States, an L if the family member is a lawful permanent resident of the United States; and an X if the family member is neither, and leave BLANK if not applicable.)*

_____ Husband _____ Wife _____ Father _____ Mother _____ Child or Children

With the exception of absences described in question #25, I have resided in the United States since:

(Month, Day, Year) _____

- ☐ I, or my child, have been battered or subjected to extreme cruelty by a United States citizen or lawful permanent resident spouse or parent.

With the exception of absences described in question #25, I have resided in the United States since:

(Month, Day, Year) _____

PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES

18) I first arrived in the United States under the name of: *(Last, First, Middle)* 19) I first arrived in the United States on: *(Month, Day, Year)*

20) Place or port of first arrival: *(Place or Port, City, and State)*

21) I arrived: ☐ as a lawful permanent resident, ☐ as a visitor, ☐ as a student, ☐ without inspection, or ☐ other *(Place an X in the correct box; if other is selected, please explain):*

22) If admitted as a nonimmigrant, period for which admitted: *(Month, Day, Year)* to 23) My last extension of stay in the United States expired on: *(Month, Day, Year)*

24) If not inspected or if arrival occurred at other than a regular port, describe the circumstances as accurately as possible:

25) Since the date of my first arrival, I departed from and returned to the United States at the following places and on the following dates:
(Please list all departures regardless of how briefly you were absent from the United States)
If you have never departed from the United States since your original date of arrival, please mark an X in the box: ☐

#	Port of Departure <i>(Place or Port, City and State)</i>	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination
1	Port of Return <i>(Place or Port, City and State)</i>	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected & Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Port of Departure <i>(Place or Port, City and State)</i>	Departure Date <i>(Month, Day, Year)</i>	Purpose of Travel	Destination
	Port of Return <i>(Place or Port, City and State)</i>	Return Date <i>(Month, Day, Year)</i>	Manner of Return	Inspected & Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

26) Have you ever departed the United States: a) under an order of deportation, exclusion or removal? ☐ Yes ☐ No
 b) pursuant to a grant of voluntary departure? ☐ Yes ☐ No

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE *(Continued on page 3)*

27) I am not married: ☐ I am married: ☐ 28) If married, the name of my spouse is: *(Last, First, Middle)* 29) Date of marriage: *(Month, Day, Year)*

30) The marriage took place in: *(City and Country)* 31) Birth place of spouse: *(City and Country)*

32) My spouse currently resides at: 33) Birth date of spouse: *(Month, Day, Year)*

Apt. number and/or in care of

Number and Street

City or Town

State/Country

ZIP Code

34) My spouse is a citizen of: *(Country)*

35) If your spouse is other than a native born United States citizen, answer the following:

He/she arrived in the United States at: *(Place or Port, City and State)*

His/her alien registration number is: A#

He/she arrived in the United States on: *(Month, Day, Year)*

He/she was naturalized on *(Month, Day, Year)* at *(City and State)*

36) My spouse ☐ - is ☐ - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week <i>(Approximate)</i>
	\$
	\$
	\$

PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE (Continued)

37) I ☐ - have ☐ - have not been previously married: (If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:

38) My present spouse ☐ - has ☐ - has not been previously married: (If previously married, list the name of each prior spouse, the dates on which the marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:

39) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce? ☐ - Yes ☐ - No

PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS

40) Since my arrival into the United States, I have been employed by the following named persons or firms: (Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified.)

Full Name and Address of Employer	Earnings Per Week (Approximate)	Type of Work Performed	Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
	\$			PRESENT
	\$			
	\$			

41) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:

42) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

Self		Jointly Owned with Spouse	
Cash, Stocks, and Bonds — — — — —	\$	Cash, Stocks, and Bonds — — — — —	\$
Real Estate — — — — —	\$	Real Estate — — — — —	\$
Automobile (value minus amount owed) — — — — —	\$	Automobile (value minus amount owed) — — — — —	\$
Other (describe on line below) — — — — —	\$	Other (describe on line below) — — — — —	\$
TOTAL	\$	TOTAL	\$

43) I ☐ - have ☐ - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, AFDC, etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place, and total amount received during this time:

44) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service:

PART 6 - INFORMATION ABOUT YOUR FAMILY (Continued on page 5)

45) I have _____ (number of) children. Please list information for each child below, including assets and earnings information for children over the age of 16 who have separate incomes:

Name of Child: (Last, First, Middle) Child's Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (City and Country) Birth Place: (City and Country)	Immigration Status of Child
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			

46) If your application is denied, would your spouse and all of your children accompany you to your:

Country of Birth - ☐ Yes ☐ No

Country of Nationality - ☐ Yes ☐ No

Country of Last Residence - ☐ Yes ☐ No

If you answered "No" to any of the responses, please explain: _____

47) Members of my family, including my spouse and/or child(ren) ☐ - have ☐ - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, AFDC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, place, dates for which relief or assistance was received, and total amount received during this time: _____

48) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: (Last, First, Middle) Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Place: (City and Country)	Immigration Status of Listed Relative
A#: Complete Address of Current Residence: _____ _____	/ /		
A#: Complete Address of Current Residence: _____ _____	/ /		

PART 6 - INFORMATION ABOUT YOUR FAMILY *(Continued)***IF THIS APPLICATION IS BASED ON HARDSHIP TO A PARENT OR PARENTS, QUESTIONS 49 TO 52 MUST BE ANSWERED.**

49) As to such parent who is not a citizen of the United States, give the date and place of arrival in the United States including full details as to the date, manner, and terms of admission into the United States: _____

50) My father ☐ - is ☐ - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
	\$

51) My mother ☐ - is ☐ - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
	\$

52) My parent's assets in the United States and other countries not including clothing and household necessities are:

Assets of father consist of the following:

Cash, Stocks, and Bonds — — — — — \$
Real Estate — — — — — \$
Automobile (value minus amount owed) — — — — — \$
Other (describe on line below) — — — — — \$

TOTAL \$**Assets of mother consist of the following:**

Cash, Stocks, and Bonds — — — — — \$
Real Estate — — — — — \$
Automobile (value minus amount owed) — — — — — \$
Other (describe on line below) — — — — — \$

TOTAL \$**PART 7 - MISCELLANEOUS INFORMATION** *(Continued on page 6)*

53) I ☐ - have ☐ - have not entered the United States as a crewman after June 30, 1964.

54) I ☐ - have ☐ - have not been admitted as, or after arrival in the United States acquired the status of, an exchange alien.

55) I ☐ - have ☐ - have not submitted address reports as required by section 265 of the Immigration and Nationality Act.

56) I ☐ - have ☐ - have never (either in the United States or in any foreign country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, traffic violations or driving incidents involving alcohol). *(If answer is in the affirmative, please give a brief description of each offense including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed, and the time actually served.)* _____

57) Have you ever served in the Armed Forces of the United States? ☐ - Yes ☐ - No. If "Yes," please state branch (*Army, Navy, etc.*) and service number: _____

Place of entry on duty: (*Place or Port, City, and State*) _____Date of entry on duty: (*Month, Day, Year*) _____Date of discharge: (*Month, Day, Year*) _____Type of discharge: (*Honorable, Dishonorable, etc.*) _____I served in active duty status from: (*Month, Day, Year*) _____to (*Month, Day, Year*) _____

58) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States? ☐ Yes ☐ No

PART 7 - MISCELLANEOUS INFORMATION *(Continued)*

59) Have you ever deserted from the military or naval forces of the United States while the United States was at war? ☐ Yes ☐ No

60) If male, did you register under the Selective Service (Draft) Law of 1917, 1918, 1948, 1951, or later Draft Laws? ☐ Yes ☐ No
If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification: _____

61) Were you ever exempted from service because of conscientious objection, alienage, or any other reason? ☐ Yes ☐ No

62) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16th birthday. Include any foreign military service in this part. If none, write "NONE." Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)

63) Have you ever:

- ☐ Yes ☐ No been ordered deported, excluded, or removed?
☐ Yes ☐ No overstayed a grant of voluntary departure from an Immigration Judge or the Immigration and Naturalization Service (INS)?
☐ Yes ☐ No failed to appear for removal or deportation?

64) Have you ever been:

- ☐ Yes ☐ No a habitual drinker?
☐ Yes ☐ No one whose income is derived principally from illegal gambling?
☐ Yes ☐ No one who has given false testimony for the purpose of obtaining immigration benefits?
☐ Yes ☐ No engaged in prostitution or unlawful commercialized vice?
☐ Yes ☐ No involved in a serious criminal offense and asserted immunity from prosecution?
☐ Yes ☐ No a polygamist?
☐ Yes ☐ No one who aided and/or abetted another to enter the United States illegally?
☐ Yes ☐ No a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such controlled substance offense (not including a single offense of simple possession of 30 grams or less of marijuana)?
☐ Yes ☐ No inadmissible or deportable on security-related grounds under sections 212(a)(3) or 237(a)(4) of the INA?
☐ Yes ☐ No one who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion?
☐ Yes ☐ No a person previously granted relief under sections 212(c) or 244(a) of the INA or whose removal has previously been canceled under section 240A of the INA?

65) Are you the beneficiary of an approved visa petition? ☐ Yes ☐ No

If yes, can you arrange a trip outside the United States to obtain an immigrant visa? ☐ Yes ☐ No If no, please explain:

PART 7 - MISCELLANEOUS INFORMATION (Continued)

66) The following certificates or other supporting documents are attached hereto as a part of this application: *(Refer to the Instruction Sheet for documents which should be attached)*.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE
AN IMMIGRATION JUDGE**

I do swear or affirm that the contents of the above application, including the documents attached hereto, are true to the best of my knowledge, and that this application is now signed by me with my full, true name.

(Complete and true signature of applicant or parent or guardian)

Subscribed and sworn to before me by the above-named applicant at _____

Immigration Judge

Date: (Month, Day, Year)

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing was: ☐ - delivered in person, ☐ - mailed first class, postage prepaid on _____ (Month, Day, Year) to _____
(INS District Counsel and Address)

Signature of Applicant (or attorney or representative)